

FACT SHEET: Health Care in Tennessee
What the Affordable Care Act is doing for Tennessee families

The Affordable Care Act has already covered nearly one in three uninsured Americans – more than sixteen million – and improved coverage for virtually everyone with health coverage. Americans can no longer be denied coverage because of preexisting conditions, women can't be charged more just for being women, and there are no more annual caps on the care patients receive. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. In the years to come, the ability to buy portable and affordable plans on a competitive marketplace will allow countless Americans to move, start businesses, and dream big American dreams -- without worrying if an illness will bankrupt them. Here is how the Affordable Care Act is working for families in Tennessee:

After Health Reform: Improved Access to Care

- Gallup recently estimated that the uninsured rate in Tennessee in 2014 was 15.1 percent, down from 16.8 percent in 2013.
- Prohibits coverage denials and reduced benefits, protecting as many as 2,764,651 Tennesseans who have some type of pre-existing health condition, including 352,794 children.
- Eliminates lifetime and annual limits on insurance coverage and establishes annual limits on out-of-pocket spending on essential health benefits, benefiting 2,042,000 people in Tennessee, including 775,000 women and 523,000 children.
- Expands Medicaid to all non-eligible adults with incomes under 133% of the federal poverty level. If Tennessee expands Medicaid, an additional 179,000 uninsured people would gain coverage.
- Establishes a system of state and federal health insurance exchanges, or marketplaces, to make it easier for individuals and small-business employees to purchase health plans at affordable prices through which 182,893 people in Tennessee were covered in March 2015.
- Created a temporary high-risk pool program to cover uninsured people with pre-existing conditions prior to 2014 reforms which helped more than 2,053 people in Tennessee.

- Creates health plan disclosure requirements and simple, standardized summaries so 3,208,800 people in Tennessee can better understand coverage information and compare benefits.

After Health Reform: More Affordable Care

- Creates a tax credit to help 155,753 people in Tennessee who otherwise cannot afford it purchase health coverage through health insurance marketplaces.
- Requires health insurers to provide consumers with rebates if the amount they spend on health benefits and quality of care, as opposed to advertising and marketing, is too low. Last year, 336,141 consumers in Tennessee received \$10,037,932 in rebates.
- Eliminates out-of-pocket costs for preventive services like immunizations, certain cancer screenings, contraception, reproductive counseling, obesity screening, and behavioral assessments for children. This coverage is guaranteed for more than 2,745,436 people in Tennessee including 1,119,711 women.
- Eliminates out-of-pocket costs for 919,743 Medicare beneficiaries in Tennessee for preventive services like cancer screenings, bone-mass measurements, annual physicals, and smoking cessation.
- Phases out the “donut hole” coverage gap for 112,078 Medicare prescription drug beneficiaries in Tennessee, who have saved an average of \$840 per beneficiary.
- Creates Accountable Care Organizations consisting of doctors and other health-care providers who share in savings from keeping patients well while improving quality, helping 166,053 Medicare beneficiaries in Tennessee.
- Phases out overpayments through the Medicare Advantage system, while requiring Medicare Advantage plans to spend at least 85 percent of Medicare revenue on patient care. Medicare Advantage enrollment has grown by 192,071 to 418,462 in Tennessee since 2009.

After Health Reform: Improved Quality and Accountability to You

- Provides incentives to hospitals in Medicare to reduce hospital-acquired infections and avoidable readmissions. Creates a collaborative health-safety learning network, the Partnership for Patients, that includes 92 hospitals in Tennessee to promote best quality practices.

We're not done. Other legislation and executive actions are continuing to advance the cause of effective, accountable and affordable health care. This includes:

- Incentive payments for doctors, hospitals, and other providers to adopt and use certified electronic health records (EHR). In Tennessee more than 52.9 percent of hospitals and 41.5 percent of providers have electronic health records systems.
- A new funding pool for Community Health Centers to build, expand and operate health-care facilities in underserved communities. Health Center grantees in Tennessee now serve 367,754 patients and received \$162,129,008 under the health care law to offer a broader array of primary care services, extend their hours of operations, hire more providers, and renovate or build new clinical spaces.
- Health provider training opportunities, with an emphasis on primary care, including a significant expansion of the National Health Service Corps. As of September 30, 2014, there were 171 Corps clinicians providing primary care services in Tennessee, compared to 94 clinicians in 2008.

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